

Case Number:	CM14-0148207		
Date Assigned:	09/18/2014	Date of Injury:	06/13/2009
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64 year old female house keeper sustained an industrial injury on 6/13/2009. The patient tripped and fell on the floor while getting out of the elevator. She underwent right knee arthroscopy on 10/30/13 and 1/7/14. She is diagnosed with status post cervical spine fusion, brachial neuritis or radiculitis, right shoulder rotator cuff syndrome, bilateral shoulder tendinitis, left shoulder osteoarthritis, status post right knee surgery and left knee chondromalacia patella. The patient was seen on 6/30/14 at which time she complained of neck pain with radiation, bilateral shoulder pain, and bilateral knee pain. Pain is rated 7/1- with medication and 4/10 with medication. Compound topical creams were requested. UR dated 8/21/14 denied the request for topical compound creams Terocin, Flurbi(Nap) cream and Gabacyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TEROCIN 120ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 110-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/terocin-lotion.html>

Decision rationale: Terocin cream contains capsaicin/lidocaine/menthol/methyl salicylate. The reference guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. References state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and the medical records do not establish that the patient has been unable to tolerate other treatments. The request for Terocin cream is not medically necessary.

FLURBI (NAP) CREAM-LA 180GMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 110-112.

Decision rationale: The request for topical anti-inflammatory medication is not supported. References consider topical medications experimental. Furthermore, regarding topical non-steroidal antiinflammatory agents (NSAIDs), references state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004). There is no evidence that the patient is unable to tolerate oral NSAIDs, and the long term use of topical NSAIDs is not supported. The request for FLURBI (NAP) CREAM-LA 180GMS is not medically necessary.

GABACYCLOTRAM 180GMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 110-112.

Decision rationale: The reference guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended in a topical formulation and there is no peer-reviewed literature to support use. The guidelines state that there is no evidence for use of muscle relaxant as a topical product. There is also no support for the use of Ultram in a topical formulation. The request for GABACYCLOTRAM 180GMS is not medically necessary.